

KACCT

Kansas Association of Community College Trustees

Thank you for the opportunity to testify on SB 453, though some community colleges will not utilize the flexibility provided in the bill related to the level of provider who can teach the classes, the **amendments made in the Senate related to simulated training significantly improved this piece of legislation**. Community colleges are particularly pleased with the removal of the simulation portion of the bill as hands on in-person training whenever possible is critical for CNA's. However, community colleges are concerned with some potential unintended consequences of the Senate amendment which was added to use the term "certified aid." **To ensure there are no unintended consequences we would recommend this amendment be further clarified to add the word nurse to the amendment and thereby refer to the actual name used in the industry "certified nurse aid."** Without the word nurse in the amendment there is concern that this could be confused or used interchangeably with certified medication aid and have implications for who could teach certified medication aid classes. Just the words certified aid could apply to both CNA and CMA's which is why the clarification is needed.

Initially when I became aware of the issue with qualifications for CNA course sponsorship I was representing the community colleges on a work group established by KDADS for entities who were teaching Certified Nurse Aide (CNA) courses. That group identified seriously outdated CNA and Certified Medication Aid (CMA) curriculum approved by KDADS as needing to be immediately updated and expressed concern with the length of time it is taking KDADS to approve the curriculum updates which had been long ago reviewed by course providers. In addition to this concern, the group discussed issues relating to temporary nurse aides (the new class of workers established during the pandemic to assist with staffing shortages), how to get temporary aides trained through the CNA classes prior to the emergency declaration ending, and discussed the need for increased flexibility about who could be a CNA course sponsor and teach CNA classes. As I heard the discussion and talked with community college health faculty it was clear more flexibility is sought related to CNA classes.

One of the concerns frequently heard is that there are highly qualified health care providers who are prohibited from teaching CNA classes. Multiple different community colleges have nursing faculty members who are APRN's or master's trained Registered Nurses. These faculty teach in nursing education and can teach nurses at a baccalaureate level. These faculty may have over 45 years of nursing experience and the others have over 20 years of experience, they generally have over ten years of experience as nurse educators and have extensive experience supervising CNA's in hospital settings. However, they can't teach a CNA class because they never worked within a long-term care setting. Even though one of them even has prior experience working in a Medical Surgical unit in which most patients were geriatric, the regulations do not recognize that as long-term care experience. In these cases of highly trained and skilled health care providers there is no disagreement that the current statute and KDADS regulations need to be examined to determine how these individuals could be course supervisors for CNA courses.

With that said, colleges do understand that the Centers for Medicaid and Medicare Services (CMS) has regulations that the State of Kansas must be cognizant of to ensure that whatever changes are made, comply with CMS requirements, to ensure the CNA training standards continue to meet their rules so that the students we train can work in CMS funded facilities. We understand the one year of long-term care experience is perhaps a CMS requirement. Any flexibility KDADS could get from CMS or other interpretive flexibilities which could be implemented, many of which are used in other states, which could be implemented here in Kansas we would encourage. If the regulations have no flexibility colleges would still have to find that RN with one year of long-term care experience to oversee courses. The quality of the oversight of that RN is critical if lower-level providers were allowed to teach. There are significant concerns with the level of supervision RN's would need to be providing to ensure quality if LPN's were allowed to teach. In situations where training providers are dedicated to quality this may not be much of a concern. Unfortunately, sometimes other priorities prevail, and shortcuts are taken which could lead to lower quality training being provided.

A CNA is the eyes and ears of every medical provider. They assist in the crucial activities of daily living of patients across the health spectrum. There is considerable interest from the public, particularly among high school students, to become a CNA. This is often a ladder career as these students begin their professional medical career and progress to Licensed Practical Nurses (LPN's) or Associates Degree Nurses (ADN's or RN's). There are hundreds of current openings in Kansas for CNA's. Both long-term care facilities and hospitals are struggling hiring people trained at this level to assist with the healthcare staffing crisis. We believe that carefully examining who can be a course sponsor and teach the CNA curriculum would allow us to hold more classes. However, we don't believe there should be any reason why a student who currently wants a CNA class should not have the opportunity to participate in one. When one college heard another training provider say they had to turn away students on a recent call, multiple colleges and other training providers spoke up and said "We do have colleges and training providers who have excess capacity, who could step into any geographic region of the state to teach if needed. We were unaware there was a need and would have stepped in immediately if asked." During the pandemic there is no doubt finding clinical settings was difficult. However, as the pandemic begins to subside there is no reason facilities should

not be open to being clinical settings once again. Occasionally we find that communication could be improved between training providers and the industry related to any training needs that are being unmet. Utilizing KDADS a conduit between the industry and all training providers would assist the industry reaching out to other providers they may not normally work with but who could meet their needs and hold additional CNA classes. Community colleges across the state partner in this work everyday and stand ready to assist in any way possible to address critical health care workforce needs. We urge KDADS to complete all curriculum reviews and revisions as soon as possible. The length of time it is taking to ensure Kansas has up-to-date CNA and CMA curriculum is a concern to nurse educators across the state. While no one opposes flexibility to allow RN's or higher trained professionals being course sponsors and teaching the course, there is disagreement among community colleges in terms of allowing licensed practical nurses to teach CNA courses. A quick survey of the Kansas community colleges who teach CNA classes revealed that 70% of the colleges oppose allowing LPN's to teach CNA classes. According to Higher Learning Commission guidance, the educational requirement is for people to be trained at one level above the content they are teaching for instructors in the career sectors. So, following HLC guidance the licensed practical nurse (LPN) could be appropriate for a CNA course.

One nursing director at a college responded to the request for input saying "I would prefer the instructor to be registered nurse but that does not mean that a licensed practical nurse wouldn't be able to teach the course". Another stated that "despite high-quality competent LPN's possibly being able to teach the course and this making it easier to find instructors, my concerns continue to exist". If every school and training provider followed the highest standards of instruction and patient care, perhaps this would not be an issue. However, we know that is not the case and if we wish to stem the tide of the continual CNA turnover issues that plague the field, we need to ensure that they have high quality training from experienced and highly trained health care providers prior to entering the field. A number of our schools feel so strongly that LPN's are not qualified that they would not lower the standards of who they allow to teach in their program even if this change was approved. The CNA class is a prerequisite class for LPN and ADN/RN programs. Any lowering of the quality of the instruction in this program is likely to cause other issues upstream in nursing programs and could result in students having a more difficult time gaining entry into the nursing program, successfully completing nursing programs, and passing the NCLEX. There are concerns that lowering the qualifications of who can teach CNA classes may lead to additional remedial education responsibilities of nursing faculty and in fact may potentially require re-teaching some parts of the program. One college states, "while it is not easy, we have had no problem finding RN's to be instructors. We feel so strongly that this degrades the quality of instruction and therefore patient care that we would not change our standards even if allowed to do so. We have experienced high pass rates within our LPN and ADN programs as a result of the strong foundation built through the current CNA rules and regulations for how training is conducted". Another school who has amongst the highest quality nursing programs in the state with a very high NCLEX pass rates states, "We do not believe an LPN has the background to teach a CNA course. An LPN is not educated to assess, plan, or evaluate a patient's care. The RN is educated to assess, plan, or evaluate a patient's care. The RN is the only person who can check off the skills for the CNA which is stipulated in the bill." Another school offers the counterpoint observing, "This bill would allow nursing schools across Kansas to hire any Registered Nurse or Licensed Practical Nurse to teach CNAs as long as they are under the general supervision of an RN who has one year of long-term care experience. This change would not lower the educational standards for CNAs nor negatively impact the preparation of CNAs. Instead, it would allow schools the ability to offer more CNA courses thereby meeting the crucial workforce demand. However, another college states "In my opinion the CNA course needs to be taught by a licensed RN, the RN has more leadership and education experience". Another college shared, all nursing homes have nurses, but the majority of nurse are LPNs. These LPNs know the ins and outs of the expectation and job duties of the CNA. However, I would be concerned that these LPN's work with us as colleges to ensure that no corners are being cut on training due to the facilities RN being too busy to truly oversee this training. We don't have patients to care for so we can focus on ensuring the high-quality training and oversight which is needed to ensure CNA's are trained properly. As you can see there are significant differences of opinion on if changes are needed, how changes may degrade the quality of training and care provided, and how changes could impact the CNA workforce in both the short and long-term. As one can see that colleges have differing opinions and some will not utilize the flexibility offered in this bill. However, the bill does not mandate the use of LPN's but just allows their use which is much appreciated by those schools who do not wish to pursue that route within their programs.

As mentioned above the Senate amendments to the bill significantly improved the bill by removing the simulation provisions. As introduced, about 95% of colleges responded that they are in strong opposition to the simulation portion of the bill. The Senate amendment removing the simulation section alleviated these concerns.

In conclusion, there seem to be differing opinions on various aspects of this bill. However, community colleges appreciate that nothing in this bill would force them to change their standards of who teaches CNA courses and other colleges may take advantage of the flexibility this bill provides. We greatly appreciate the bill's proponents being willing to support the senate amendments and to being willing to continue to work together to find the best solutions which lead to high quality provision of health care to patients and high quality training for our students.

Questions contact: Heather Morgan, Executive Director of the Kansas Association of Community College Trustees, 785-221-2828, hmorgan@kacct.org.